

1ST AVAILABLE COPY

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>D.B.</i>	<i>20205</i>	<i>04-01</i>
O.I.P.E. CLASSIFIER	<i>C</i>	<i>415</i>	<i>2/20</i>
FORMALITY REVIEW		<i>71868</i>	<i>3-28-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
—	(Through numeral)... Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	
Original	
1	<i>9/3/03</i>
2	<i>5/16/04</i>
3	✓
4	✓
5	✓
6	✓
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8	✓
9	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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